

Change of Name or Address Form

This form is to be used only for the following changes:

1. A change in the physical location of your business
2. A change in the name of your business
3. A change in your mailing address

A CHANGE IN OWNERSHIP REQUIRES A NEW APPLICATION FOR PERMIT

Please type or print the information below:

PREVIOUS INFORMATION	CHANGE INFORMATION
Name of Business	New Name of Business
Previous Location Address	New Location Address
Previous Location City, State, Zip Code	New Location City, State, Zip Code
Previous Mailing Address	New Mailing Address
Previous Mailing City, State, Zip Code	New Mailing City, State, Zip Code
Previous Business Telephone Number	New Business Telephone Number
Owner's Previous Home Telephone Number	Owner's New Home Telephone Number

Effective Date of Change: _____

Reason for Change(s): _____

Signature of Owner, Partner or Corporate Officer

Date

Typed or Printed Name of Individual Above

Date

MAIL FORM TO:
Sales and Use Tax Section
P.O. Box 1272
Little Rock, AR 72203-1272
www.state.ar.us/salestax

Please Surrender the Previous Permit with this Form

**A NEW PERMIT WILL NOT BE ISSUED
UNLESS ALL TAXES DUE HAVE BEEN PAID**